



<b>Establishment Information</b>	
Facility Name <b>KITCHEN CONNECTION</b>	Facility Type <b>Community Kitchen 1</b>
Facility ID # <b>SLIY-BNAJ27</b>	Facility Telephone # <b>615</b>
Facility Address <b>4030 Airport Hwy Louisville, TN 37777</b>	Licensee Address <b>366 S Union Grove Rd Friendsville, TN 37737</b>
Licensee Name <b>LISA BEST</b>	

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>04/24/2020</b>	Total Time Spent <b>4.78</b>
Inspection Score <b>745 out of 780</b>	Percentage <b>96%</b>	

<b>Violation Counts</b>			
# Critical Violations <b>1</b>	# Non-Critical Violations <b>1</b>	# Repeat Violations <b>0</b>	

<b>Details</b>			
Products Produced During Inspection <b>Facility only</b>	Authority to Inspect TN code 53-1-208 or FDA 482 for FDA contract <b>TN Code 53-1-208</b>	GMP Notice or FDA 483 when FDA Contract inspection Issued <b>Yes</b>	Name and Title of Representative <b>Lisa Best Owner</b>

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Standing cooler	<b>37</b>
Standing freezer	<b>8</b>

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
3 compartment Sink	Chemical					

**OPERATOR** - Items cited identify violations of State Statute which must be corrected by the next routine inspection or such shorter period of time as may be specified by the Regulatory Authority. Failure to comply with any time limits for corrections specified in this NOTICE may result in cessation of your operation and/or civil penalties, TCA 53-1-103; 58-8-217; 4-3-204; 8-913.10. Commissioner must be notified within 15 days.

<b>Observed Critical Violations</b>
Total # <b>1</b> Repeated # <b>0</b> <b>3.05 - Observed Violations - Hand wash stations are appropriately located, properly stocked, functioning, and accessible.</b> Observation: Hand washing station next to three compartment sink was observed to not be properly draining at the time of inspection. Corrective Action(s):